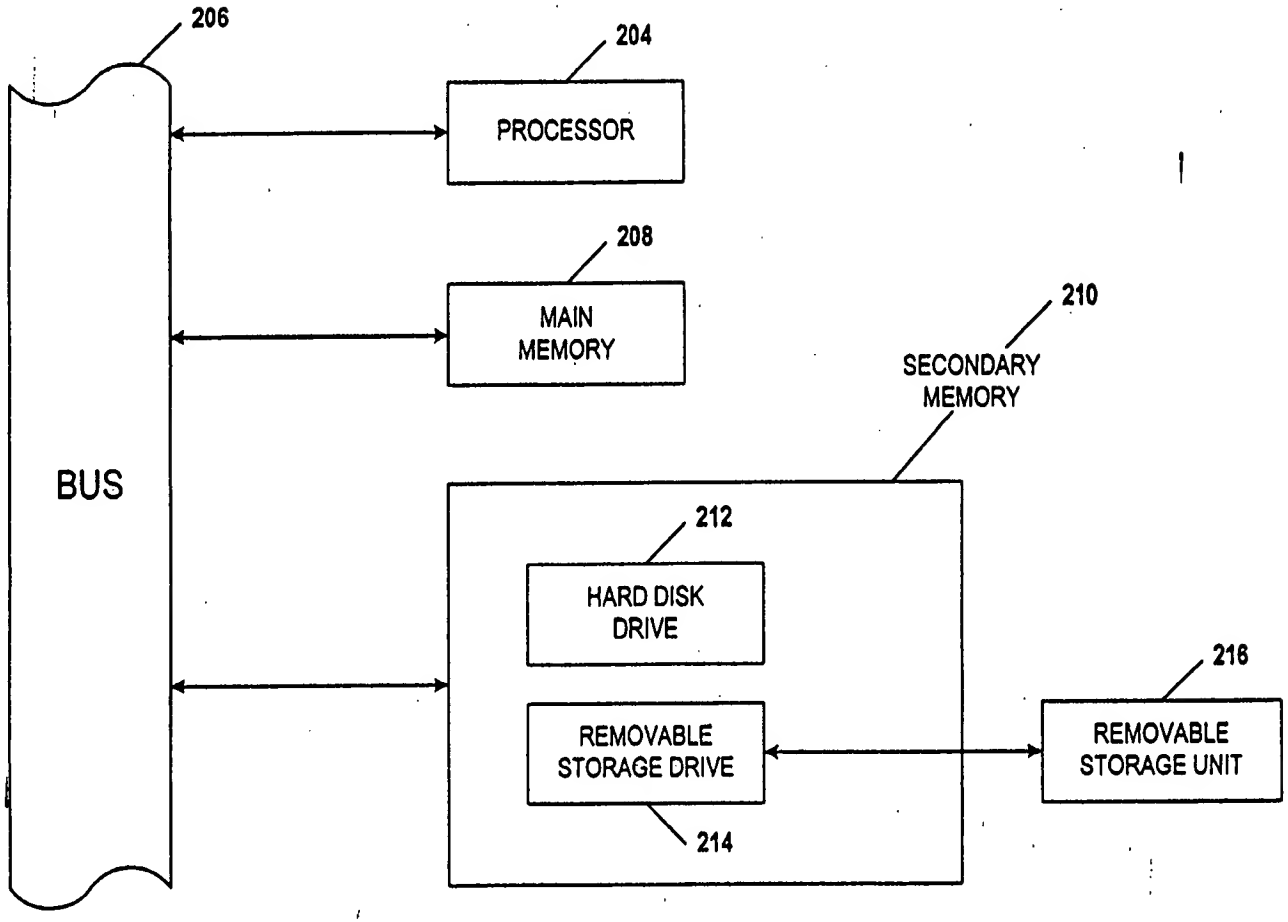


FIG. 1

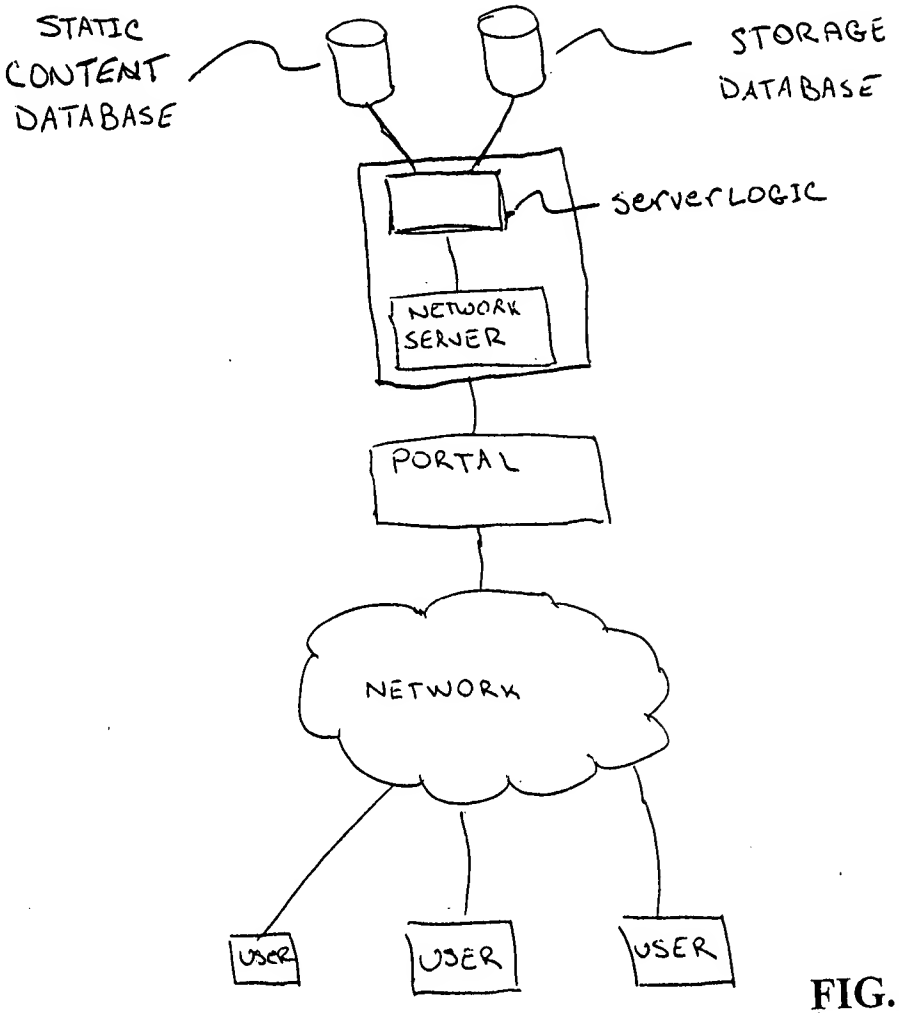


FIG. 2

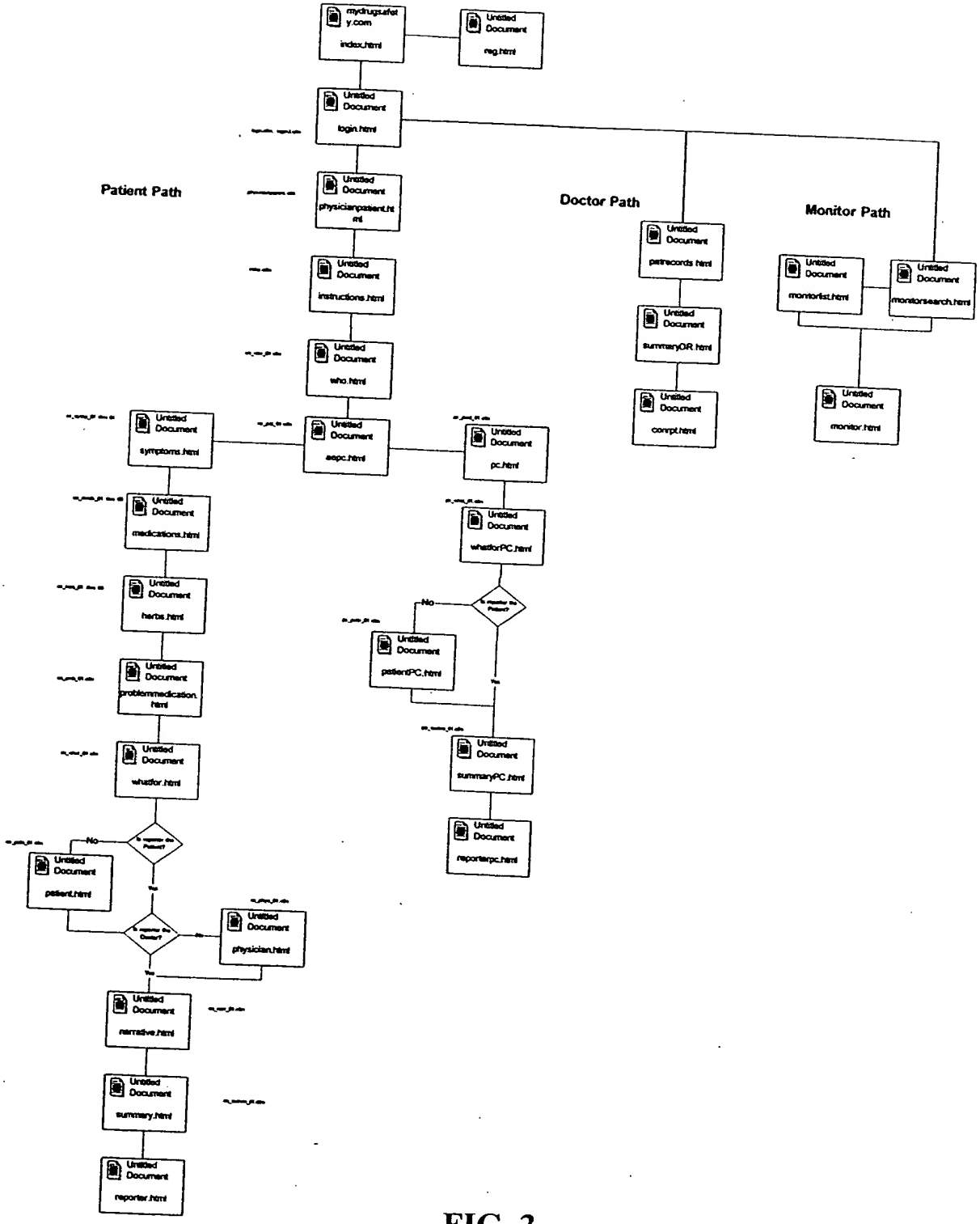


FIG. 3

Portal Pilot Workflow

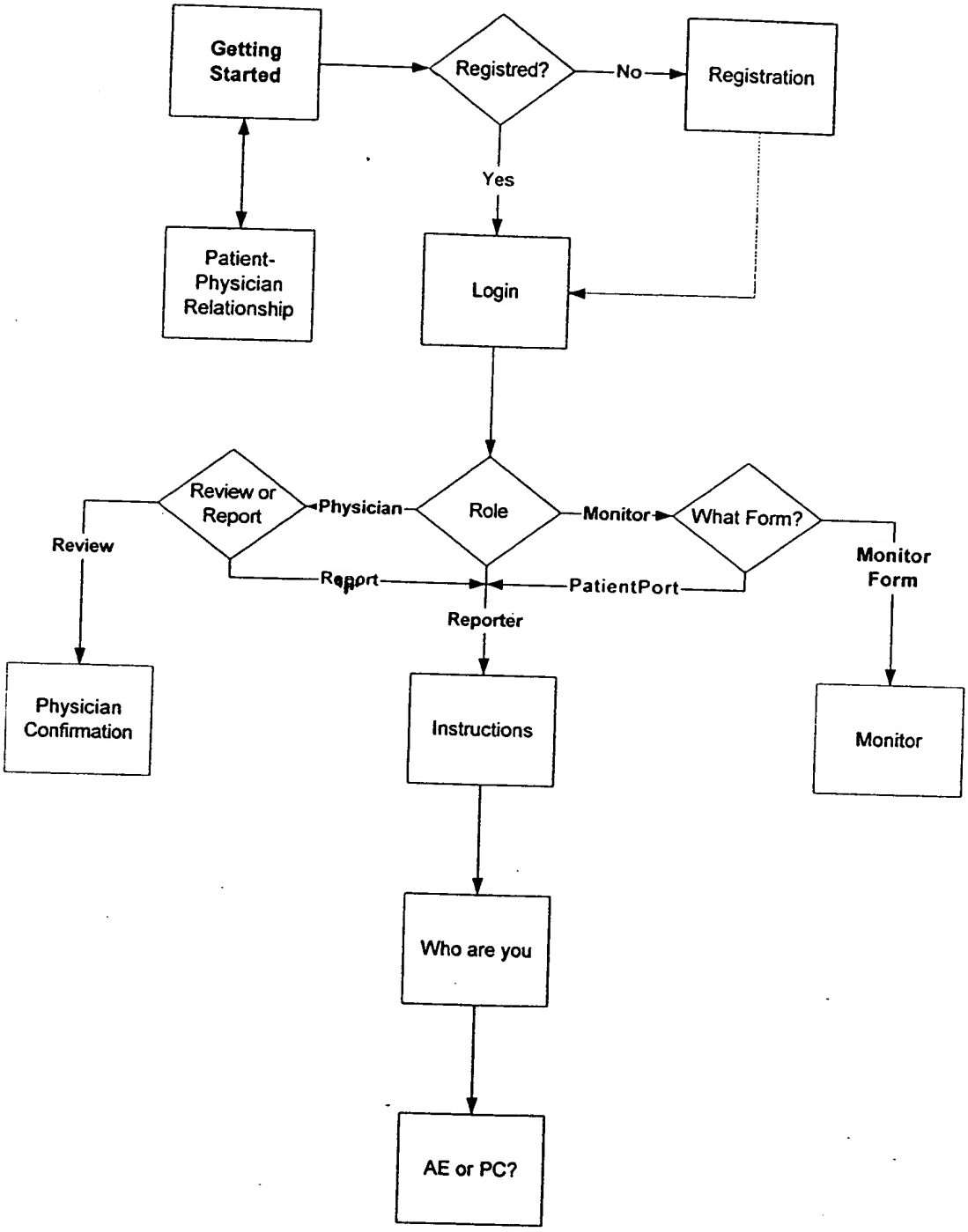


FIG. 3A

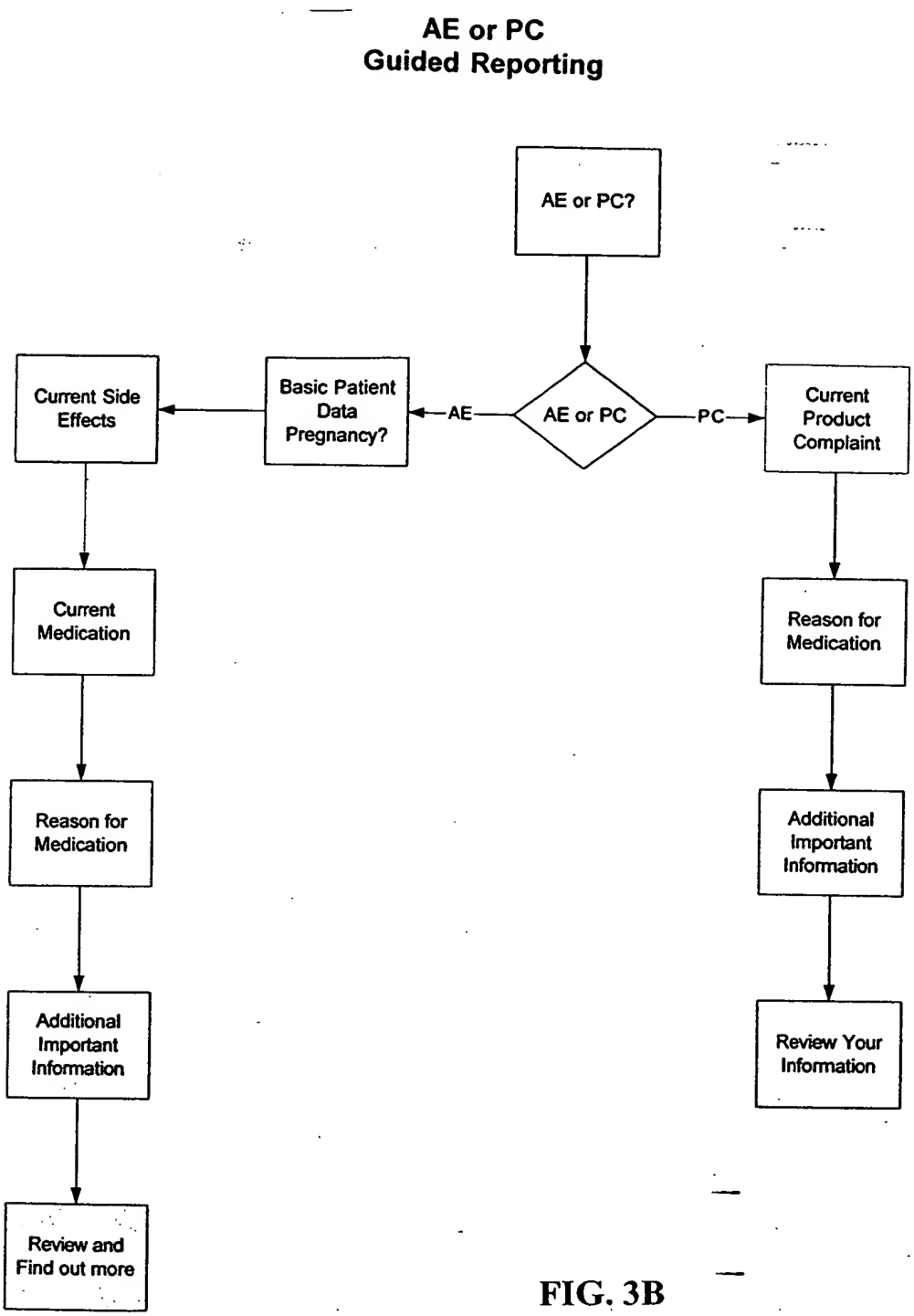


FIG. 3B

Physician Confirmation

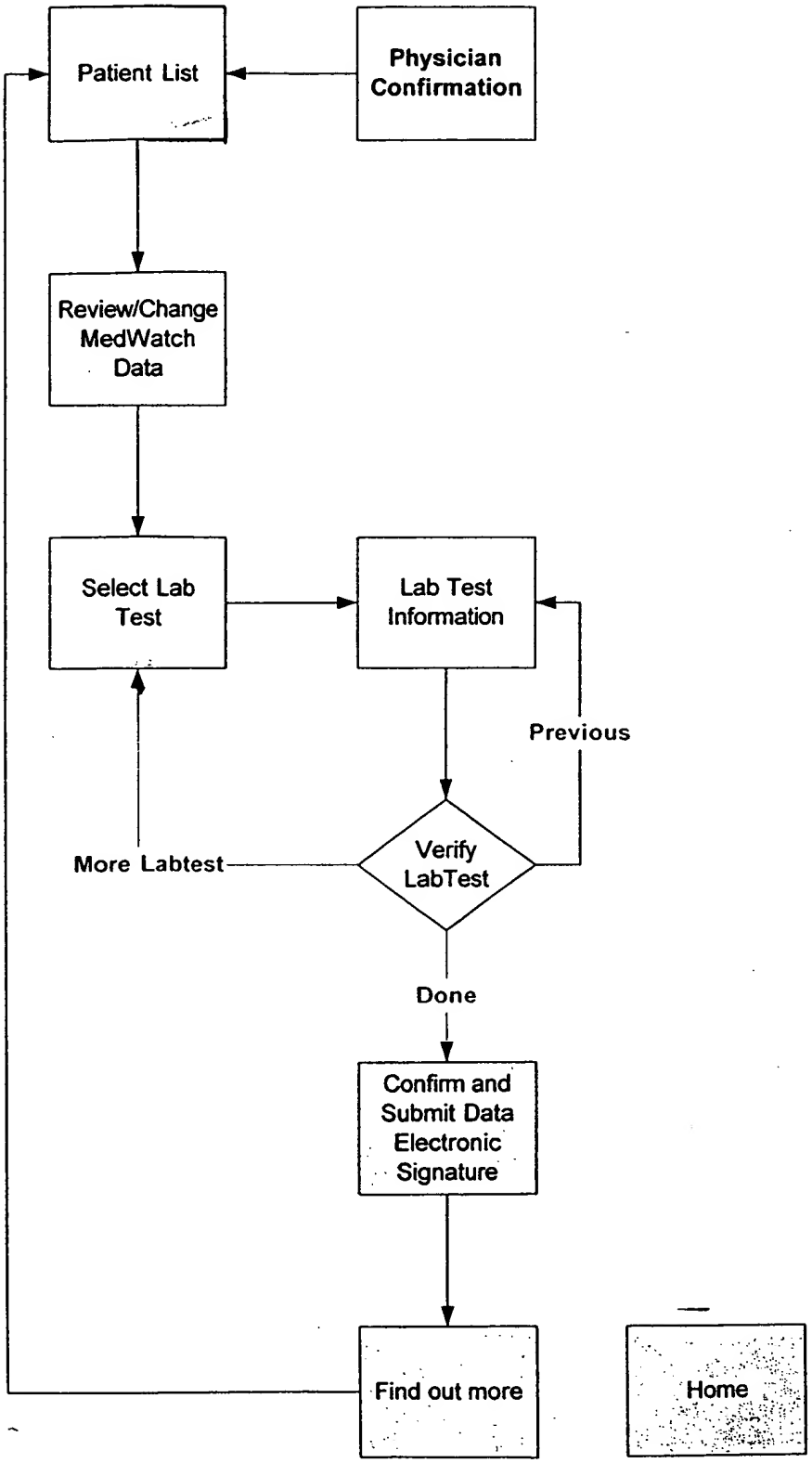


FIG. 3C

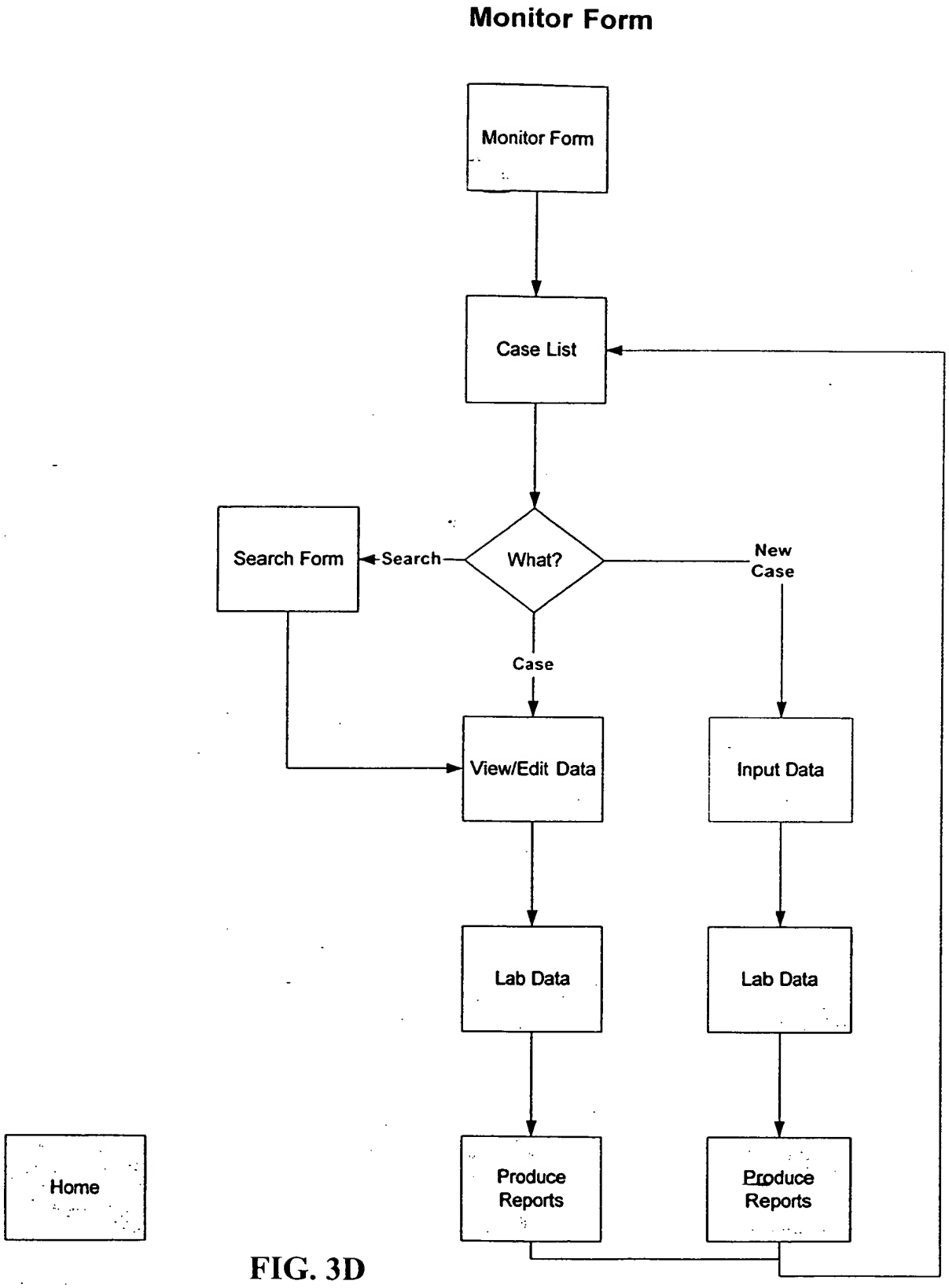


FIG. 3D

Current Side Effects

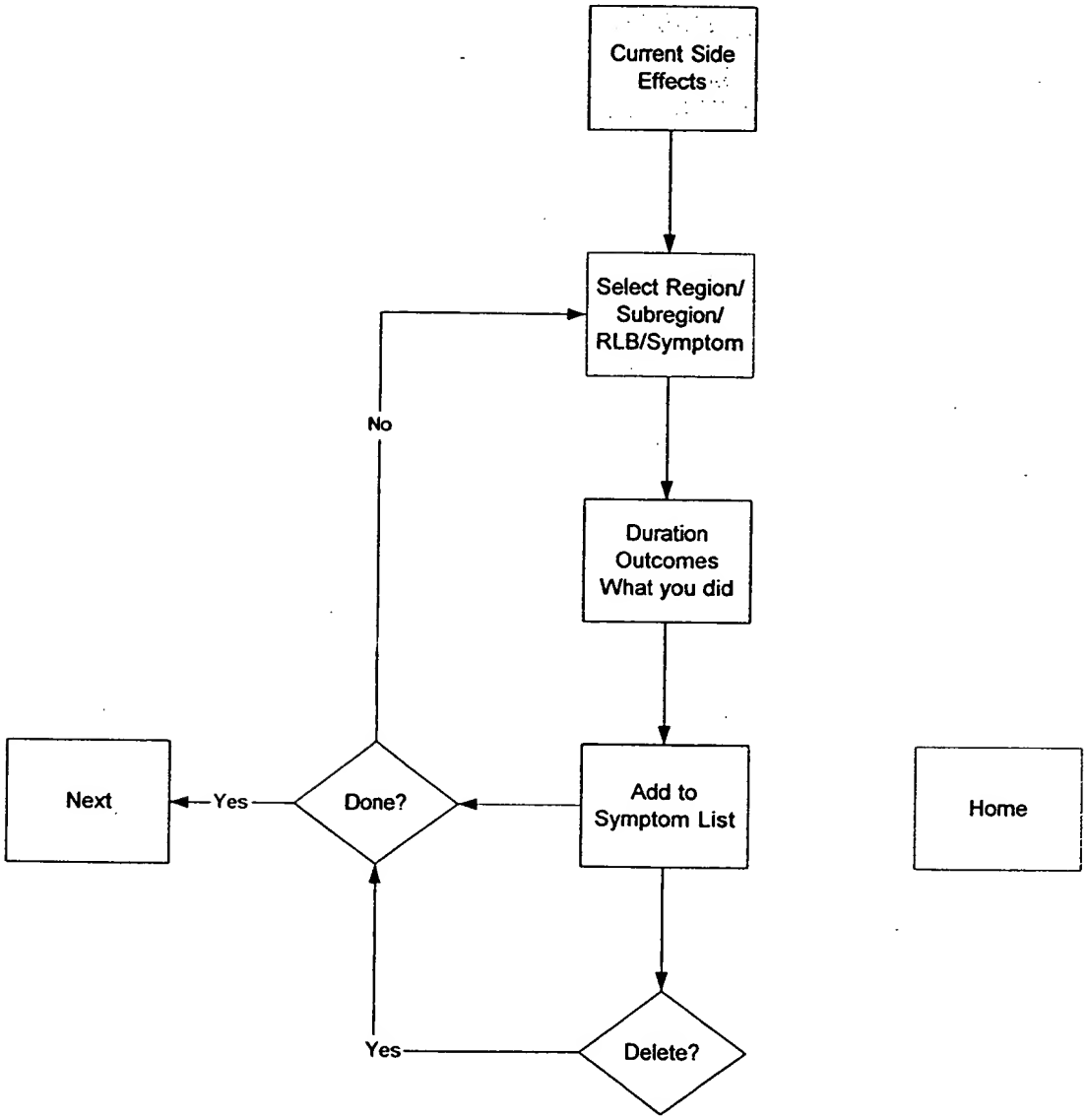


FIG. 3E

Current Medication

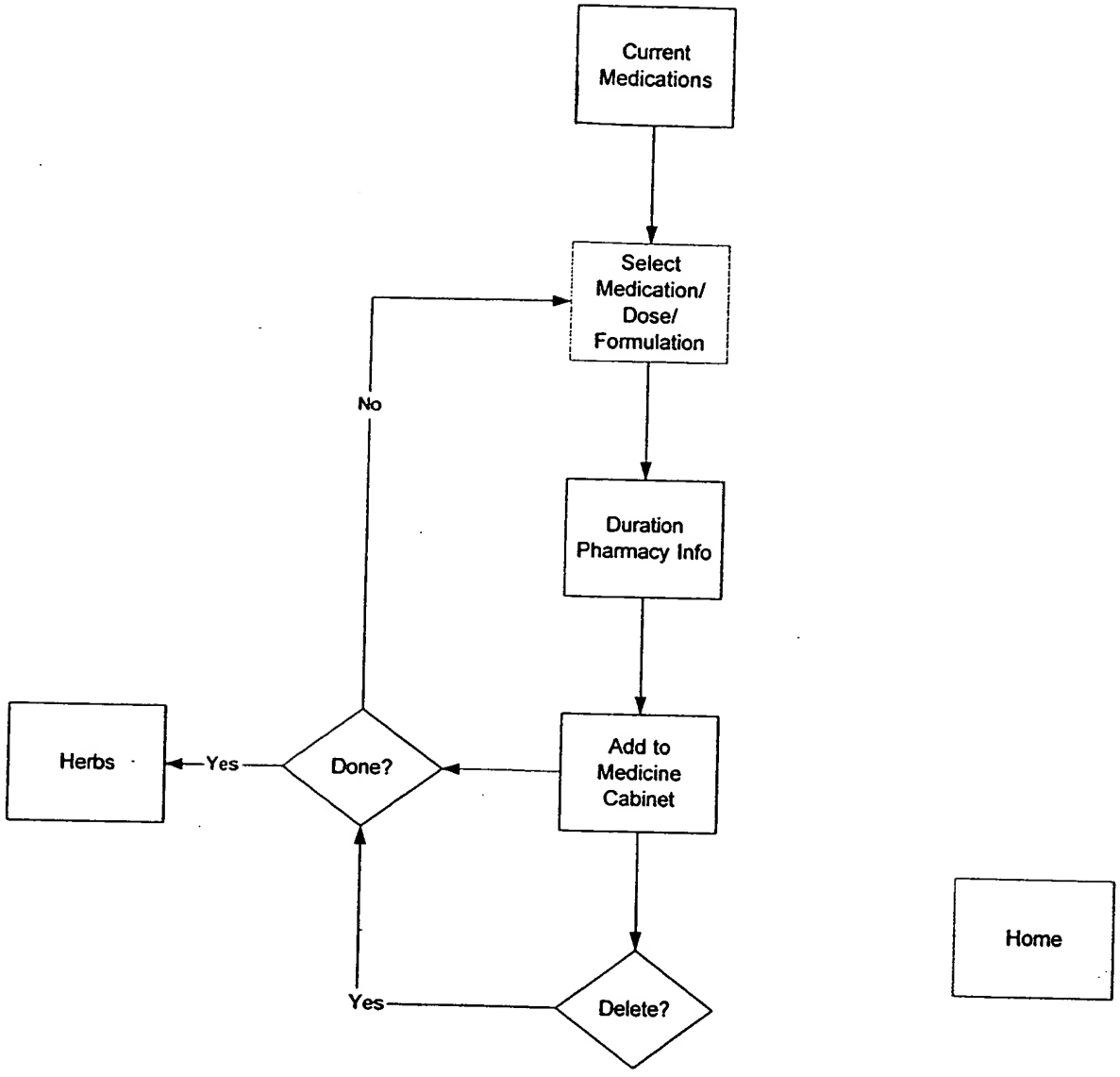


FIG. 3F

Herbs and Nutrional Supplements

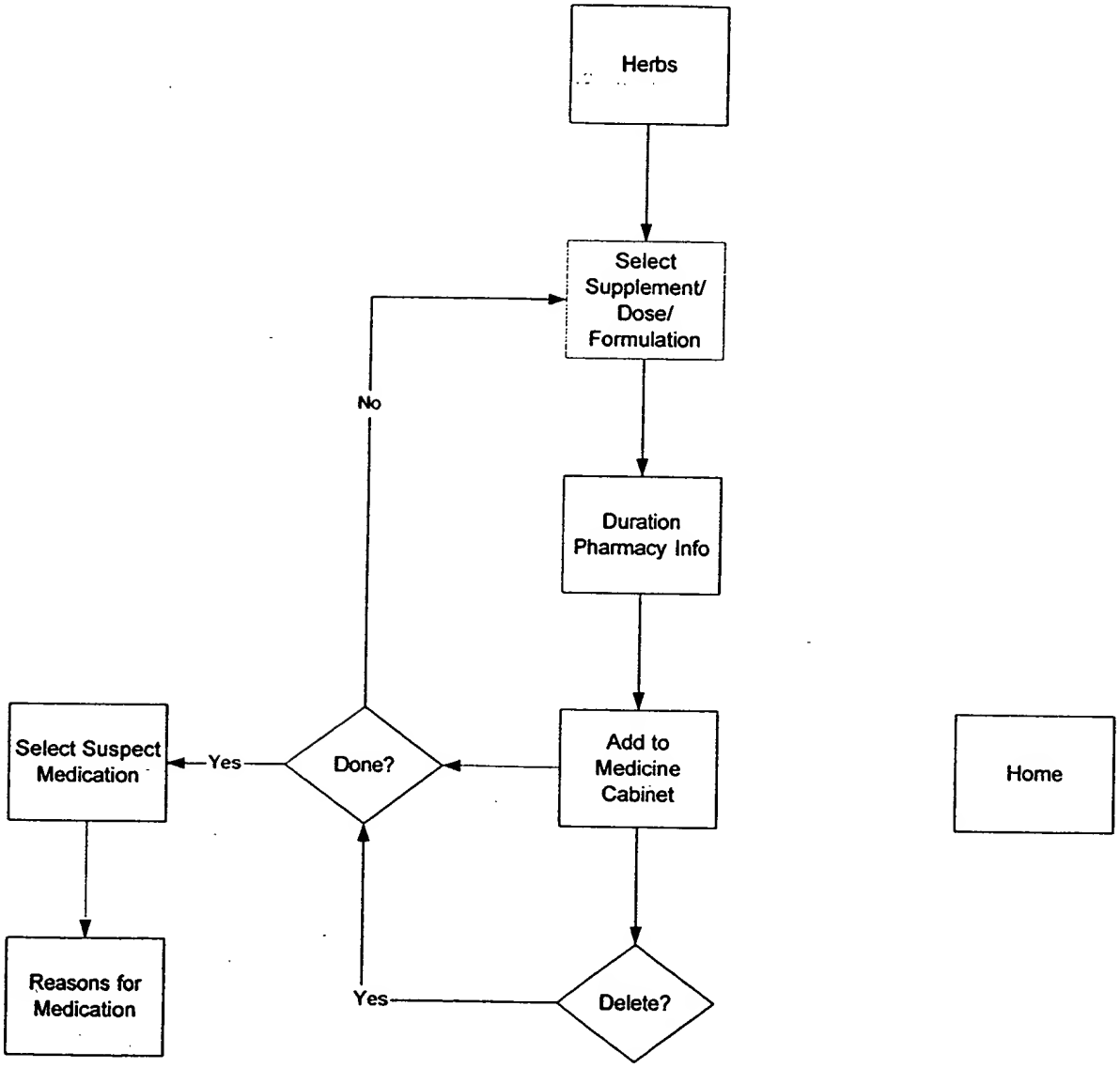


FIG. 3G

Reasons for Medication

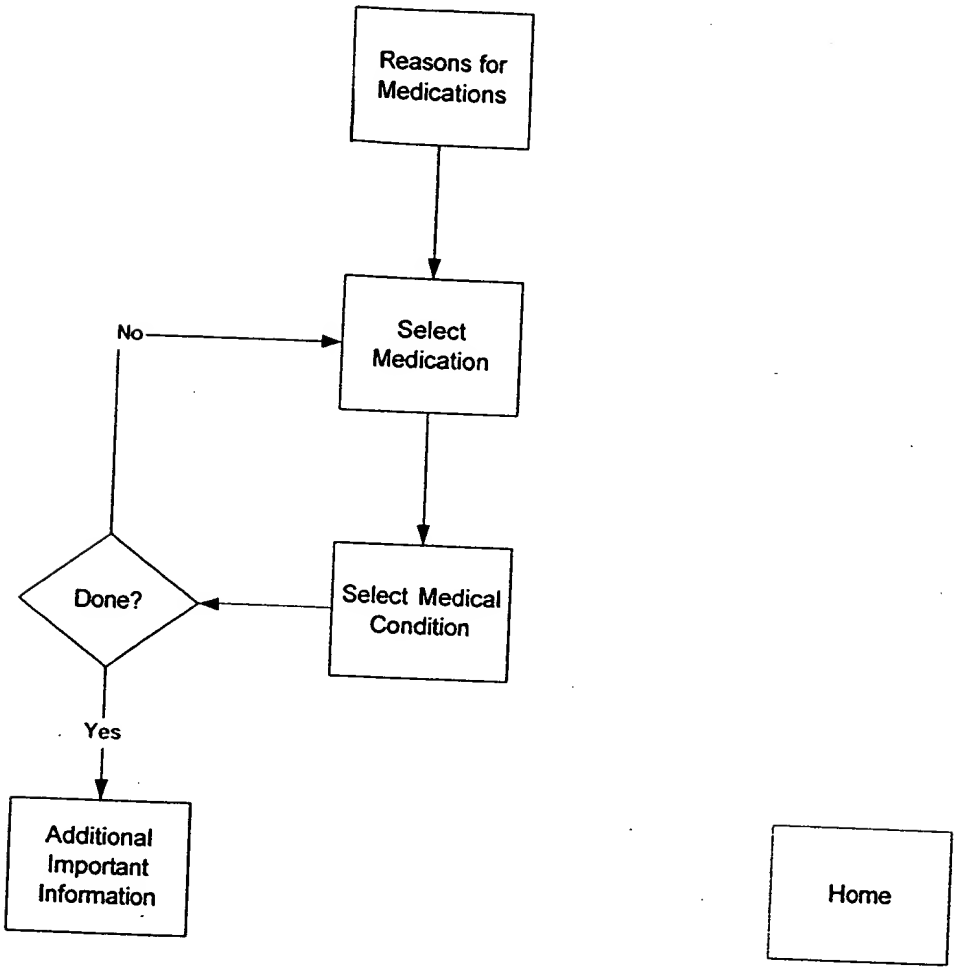


FIG. 3H

Additional Important Information

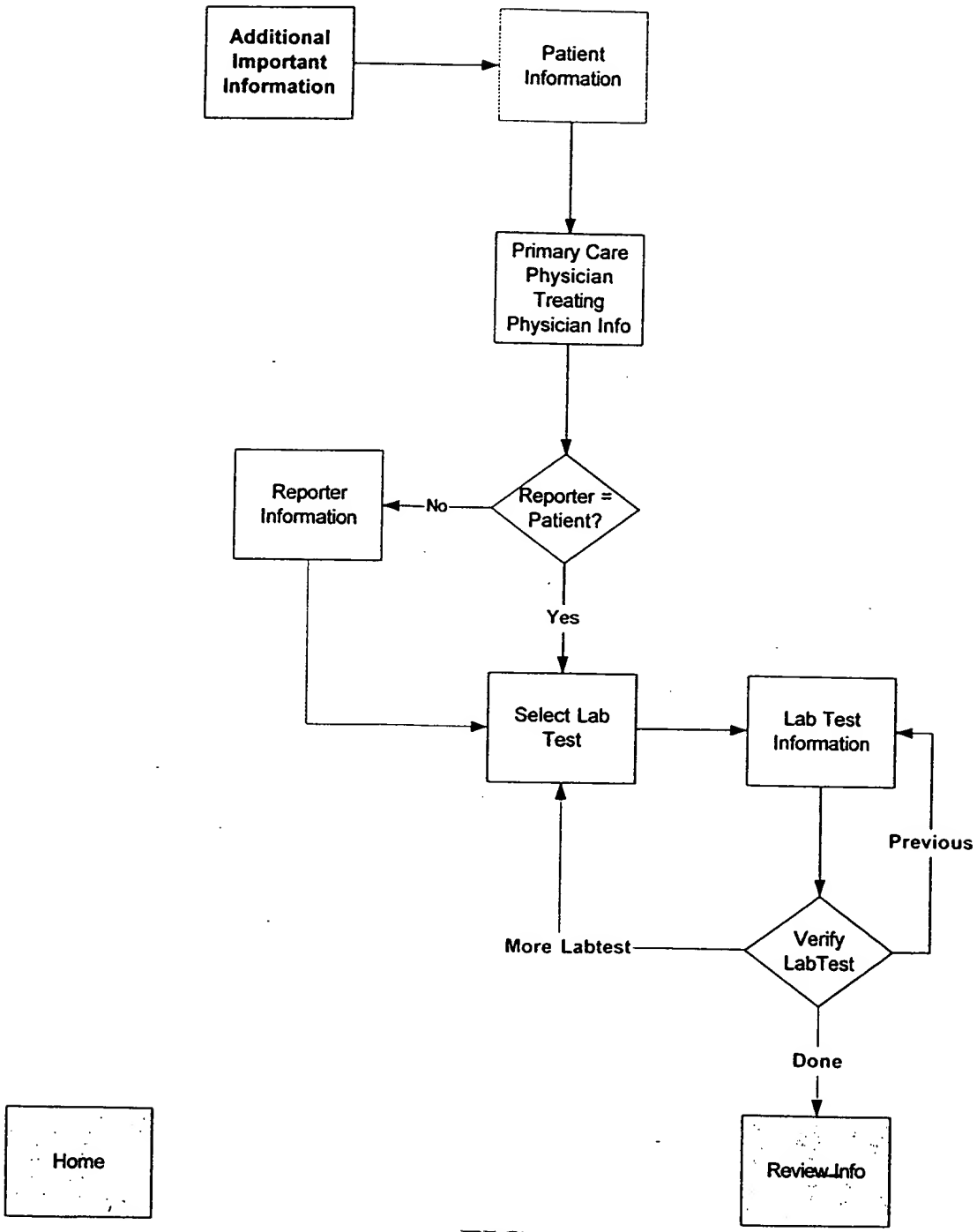


FIG. 3I

Review Information and Find out More

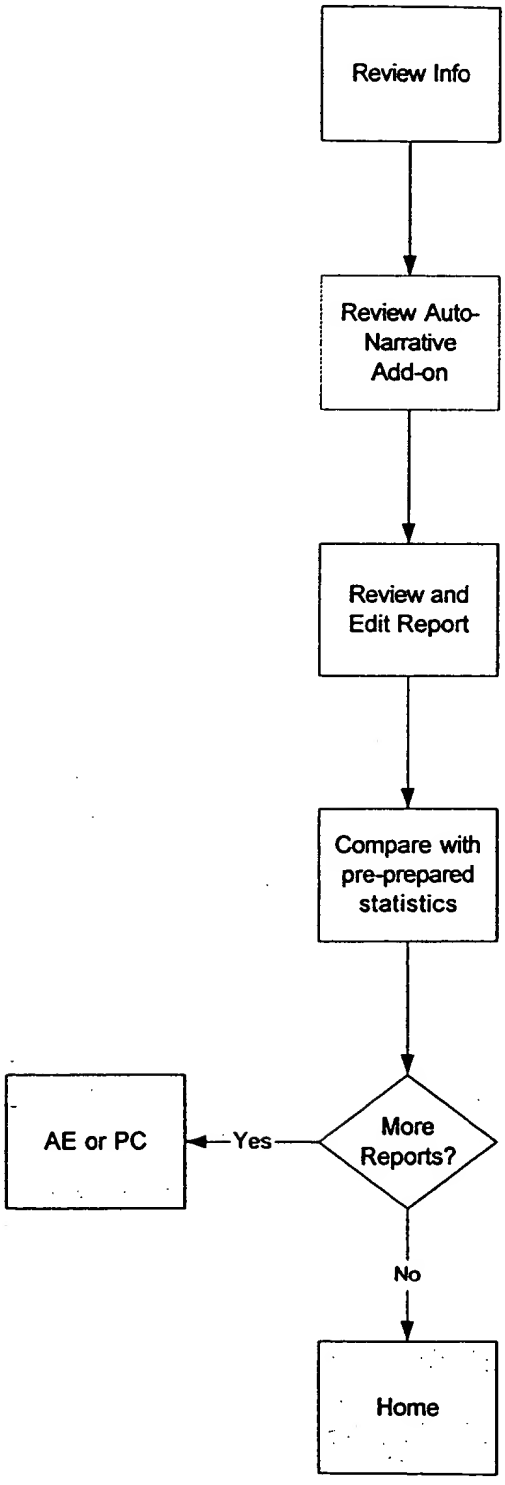


FIG. 3J

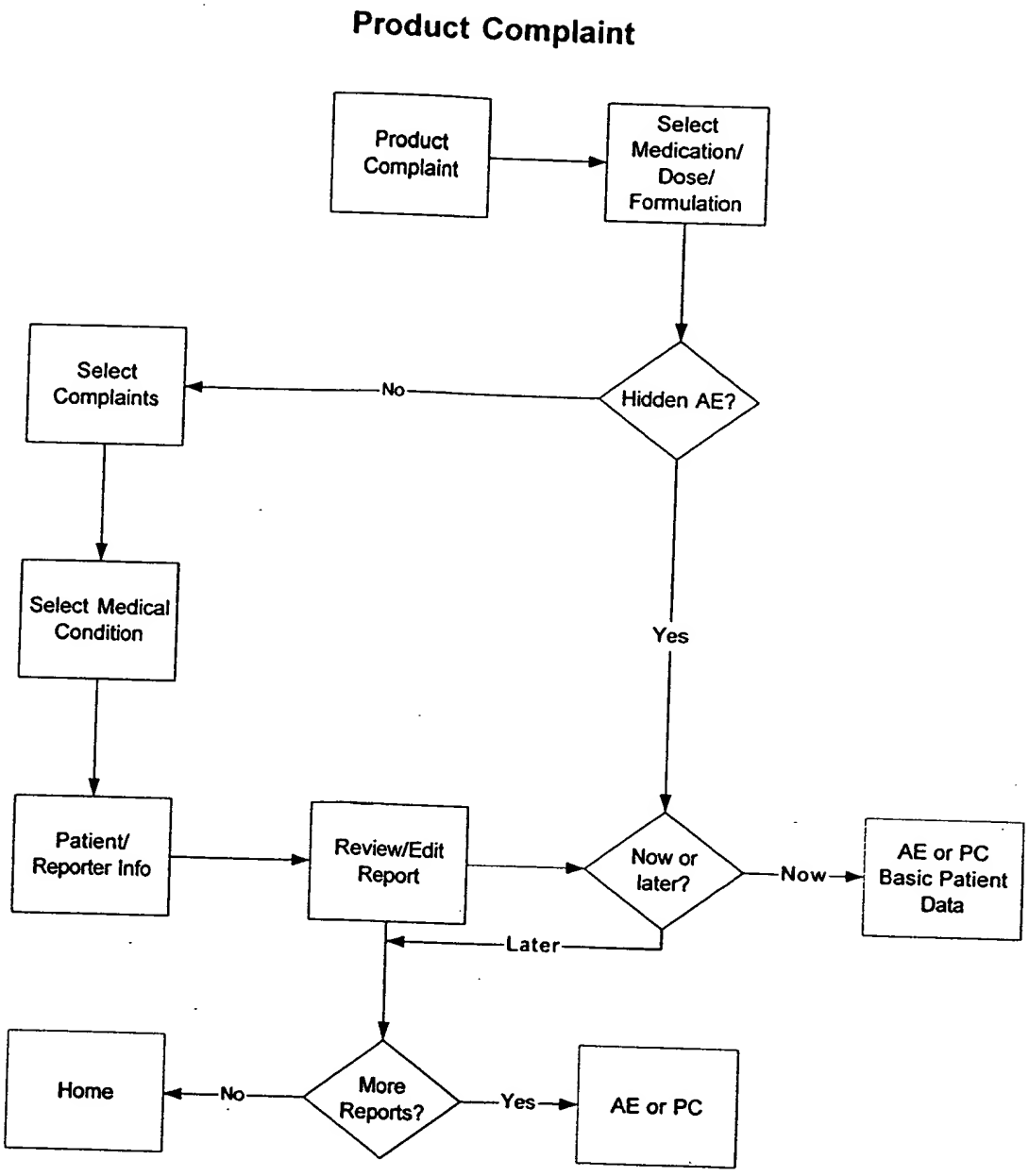


FIG. 3K

mydrugsafety.com

Home | About Us | First-time Visitor | Visitor Bill of Rights | Privacy Policy

1 Getting Started

Login/Registration
Instructions
Who are you
Side Effects and/or Product Complaints

Registration

Informed Consent

In order to complete the report, we may need to contact your physician. Your consent to contact your phsysician is called informed consent. *Only your physician and you will see the information you provide us.*

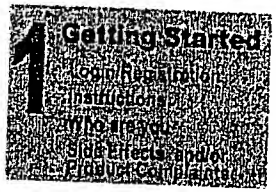
Accept (required to proceed)

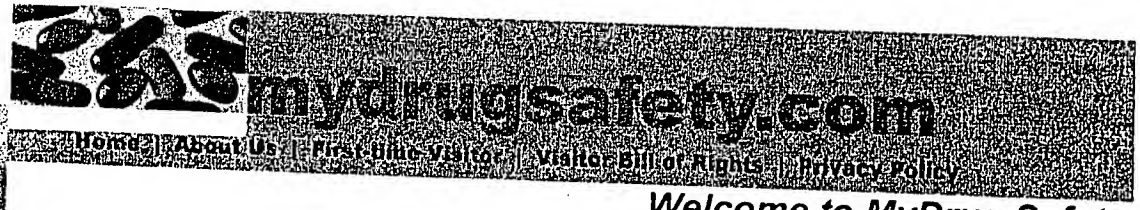
This Web Portal is super-secure. To see your information, define a User-ID and password and log in. Forget your password? We can re-recreate it: 1)define a secret question *(ex: What is my favorite football team)* 2) define a secret answer *(ex: the SF 49ers)*. Together these will identify you.

For this pilot, type the 8 digit registration code printed on your trial card.

First Name
Last Name
User ID
Password
Password again
Secret Question
Secret Answer
Phone Number
E-mail

FIG. 4





Welcome to MyDrug Safety

Getting Started

First-time user? Go to our registration page.

You will need some information about your medication. As preparation, please get all your medication bottles, packets and containers.

Our reporting process contains 5 easy steps. At the end, you will receive a summary report for review.

The ? symbol provides online help. If you would like to read all the instructions for all the screens click here to download.

UserID and Password ?

UserID

Password

Change your password?

New Password

Repeat Password

FIG. 5

mydrugsafety.com

Patient-Physician Relationship

The Patient/Physician Relationship

To report your information properly, we have to have your physician confirm it. He will not only help you and us to make drugs safer, he can also help you with your side effect. Please provide us with your and your physician's information so that we can call or write back if we need more information. You can do this at any time by clicking on Registration or you will automatically be asked at the end of the process.

There appears to be an incomplete report in progress from the last time you were logged in. Do you want to recover it?

Clear | Recover

FIG. 6

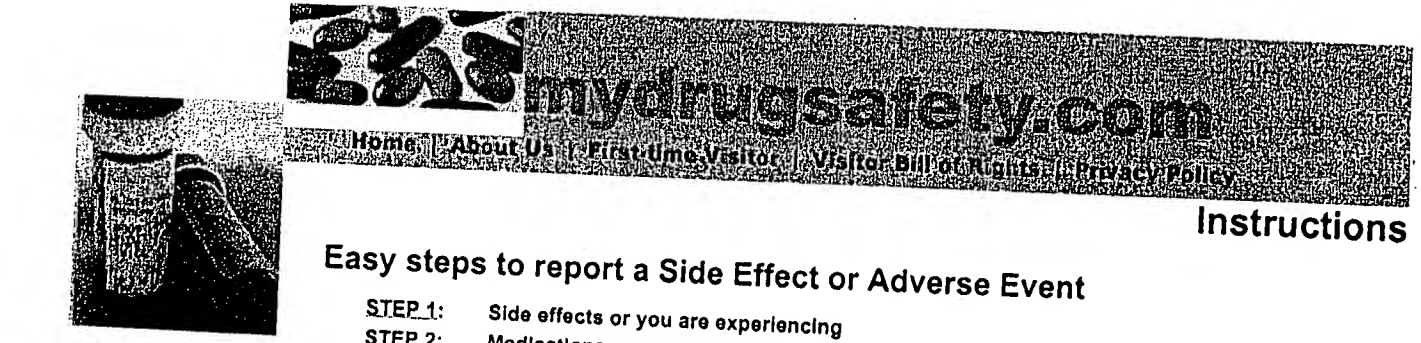
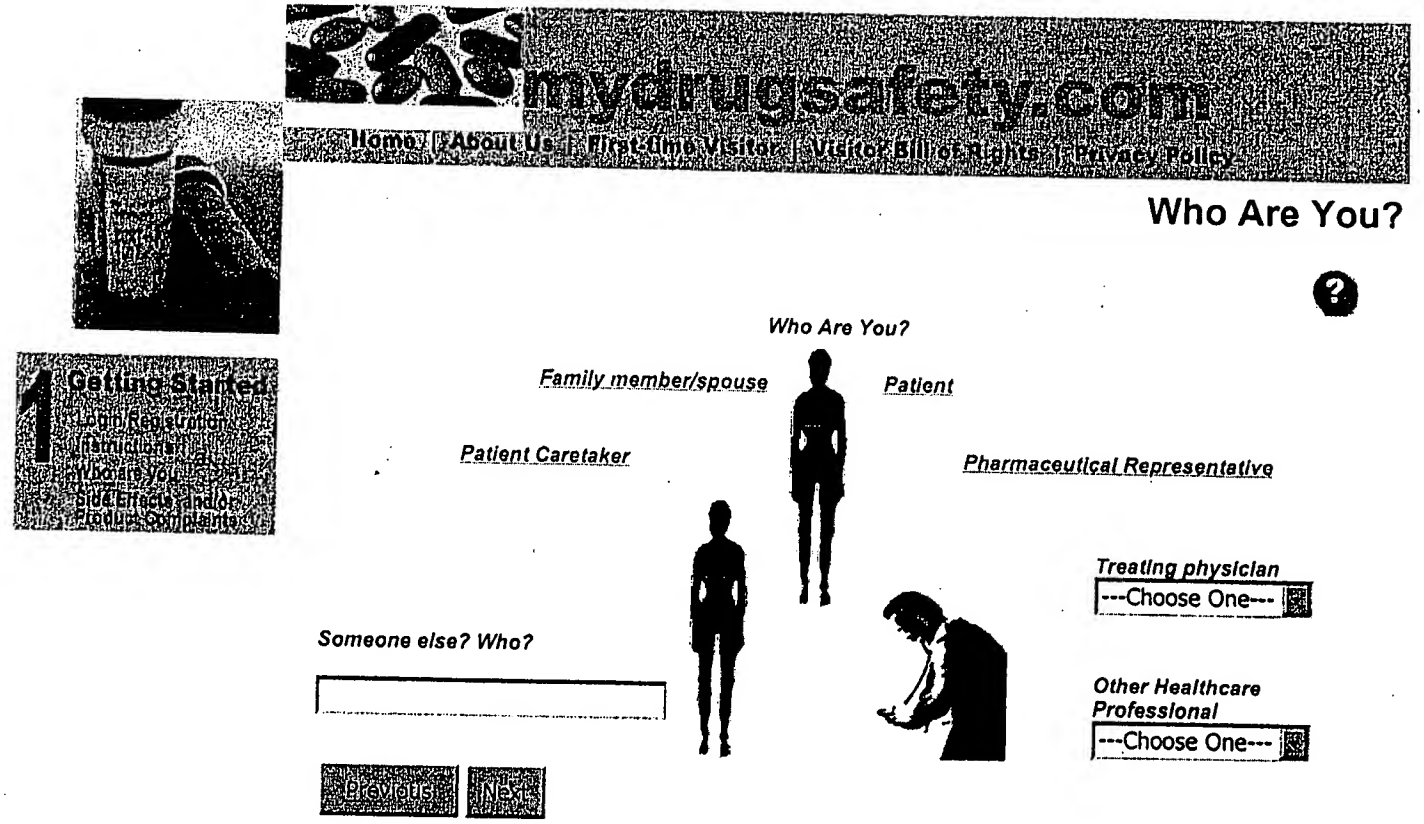


FIG. 7



Help

(helpscreens)

FIG. 8

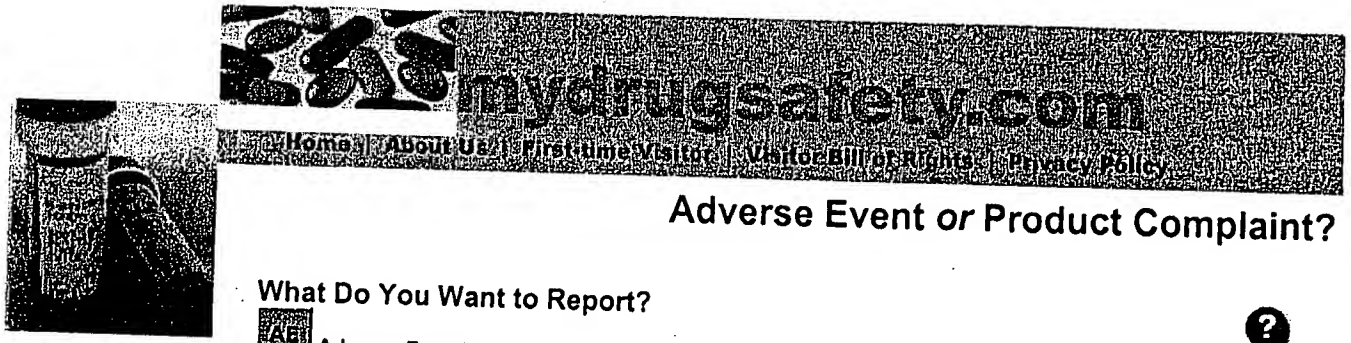


FIG. 9

mydrugsafety.com

Adverse Event
Define a Symptom

Describe your adverse event. Click on a body region and a list of its subparts will appear. Define your symptom by selecting the specific location and the event that occurs. Repeat as necessary. Select a different region by clicking on the figure at left.

To delete a symptom from highlight it and press Delete

Only when you have finished describing all your symptoms press Done

1 Getting Started
2 Current Side Effects
What Symptoms
When Started/Ended
Was Result
What to do?
3 Current Medications
4 Reasons for Medication
5 Additional Important Information
6 Review Info & Find Out More

Click the region where the symptom occurs.:	REGION Which area?:
 or	Anus Bladder Buttocks Cervix Groin Labia Minora/Majo Ovaries Rectum Uterus Vagina

FIG. 10A

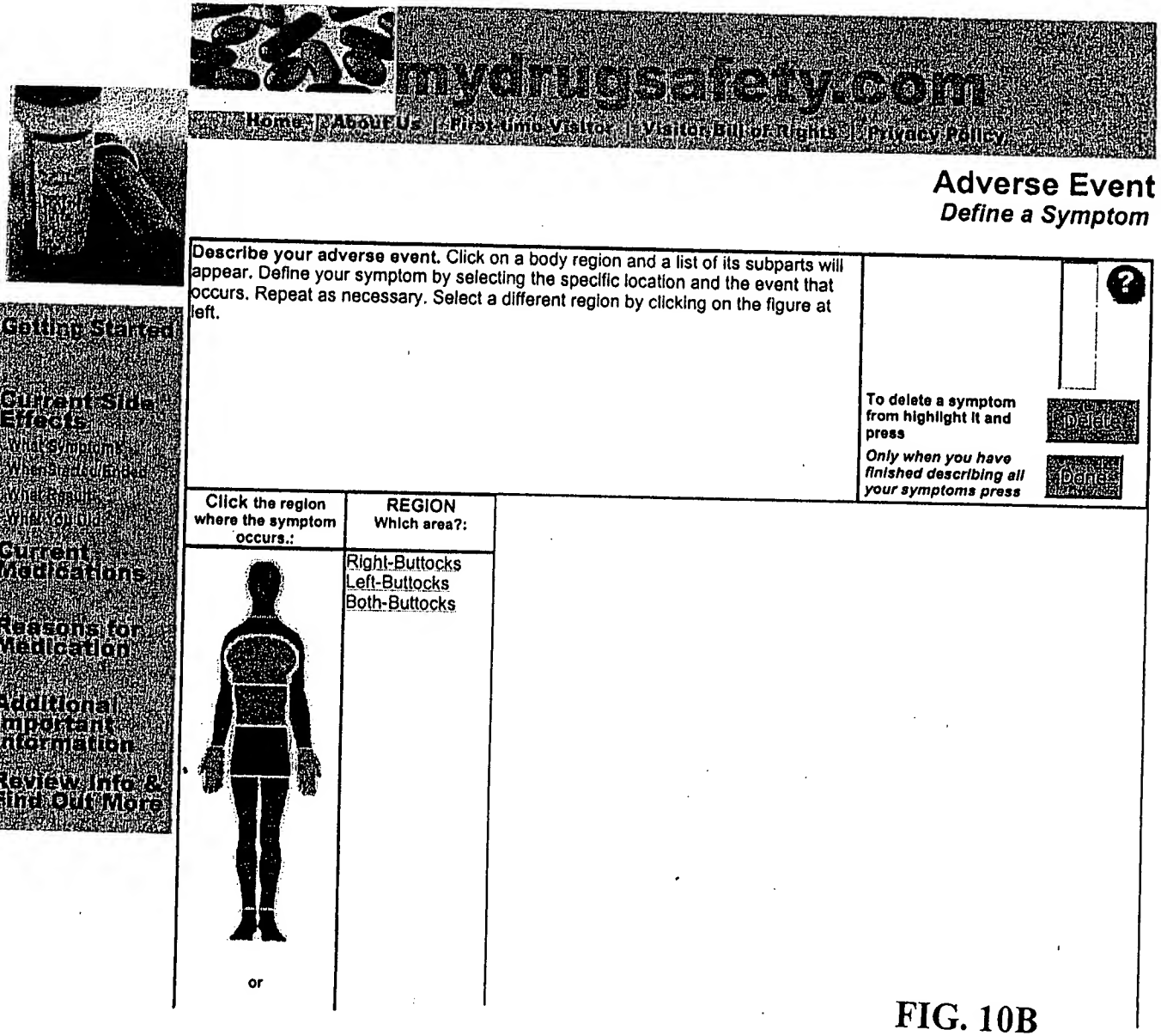
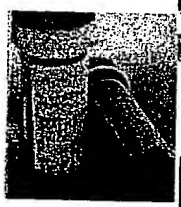


FIG. 10B



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Adverse Event
Define a Symptom

1 Getting Started
2 Current Side Effects
3 Current Medications
4 Reasons for Medication
5 Additional Important Information
6 Review Info & Find Out More

Describe your adverse event. Click on a body region and a list of its subparts will appear. Define your symptom by selecting the specific location and the event that occurs. Repeat as necessary. Select a different region by clicking on the figure at left.

To delete a symptom from highlight it and press Delete

Only when you have finished describing all your symptoms press Done

Click the region where the symptom occurs.:	REGION Which area?:	SYMPTOM What symptom?	DURATION	WHAT YOU DID ABOUT IT
 or General Body	Buttocks	Hip Pain	When did it start? (mm-dd-yyyy) When did it end (mm-dd-yyyy) OR How Long did it last? Year Is it still there? ☐ Yes RESULT What was the result of this event? ☐ Hospitalized under 24 Hours ☐ Hospitalized over 24 Hours ☐ Disability ☐ Congenital Anomaly ☐ Intervention Needed ☐ Life-Threatening ☐ Died (mm-day-yyyy) Other ☐	☐ Did nothing ☐ Consulted a Physician ☐ Stopped Medication ☐ Reduced dose to ☐ Switched Medication to ☐ Did it help? ☐ Took Medication again and effect came back ☐ Took something for it. What ? Did it help? ☐ YES Did something else

Add Symptom to List

Help

(helpscreens)

FIG. 10C

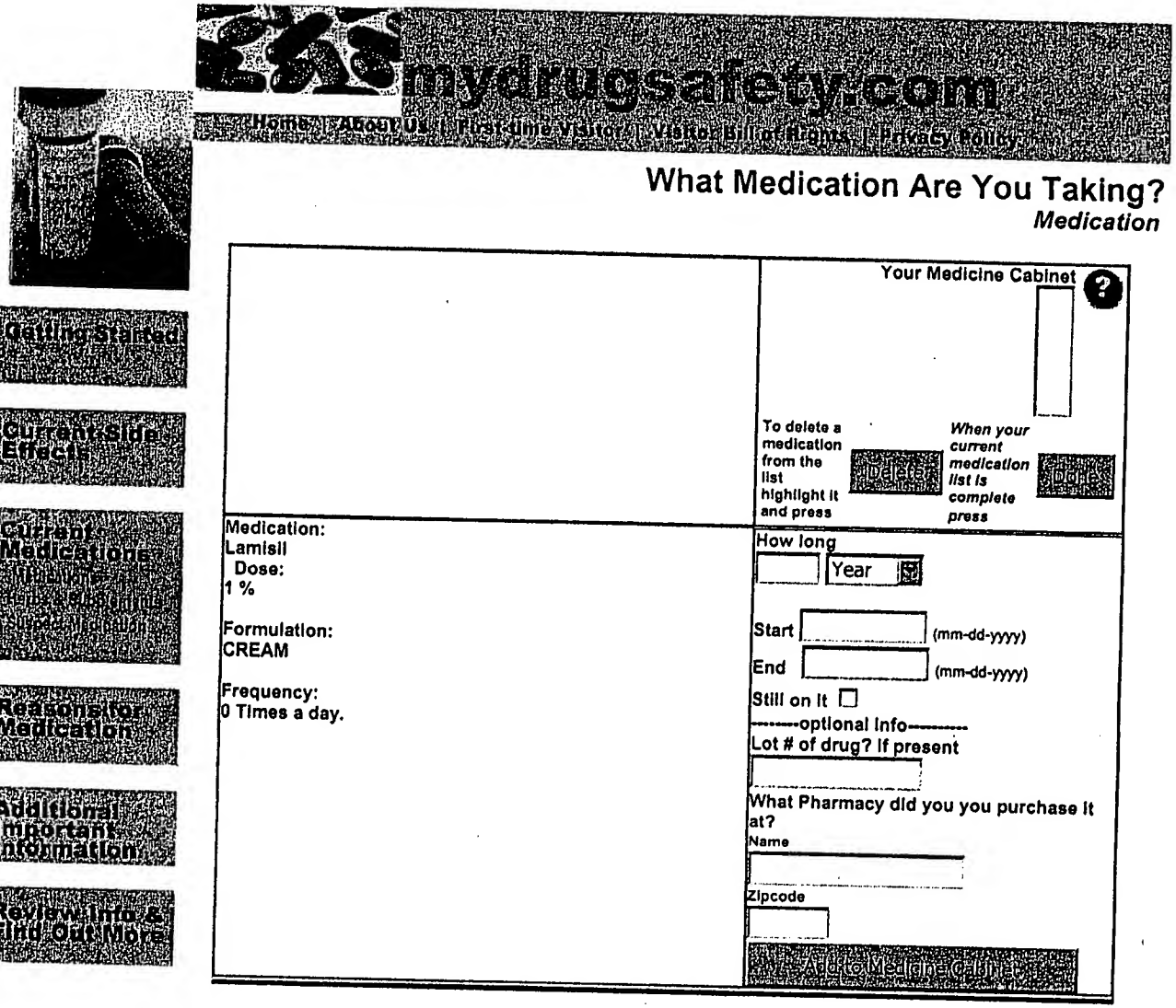

FIG. 11

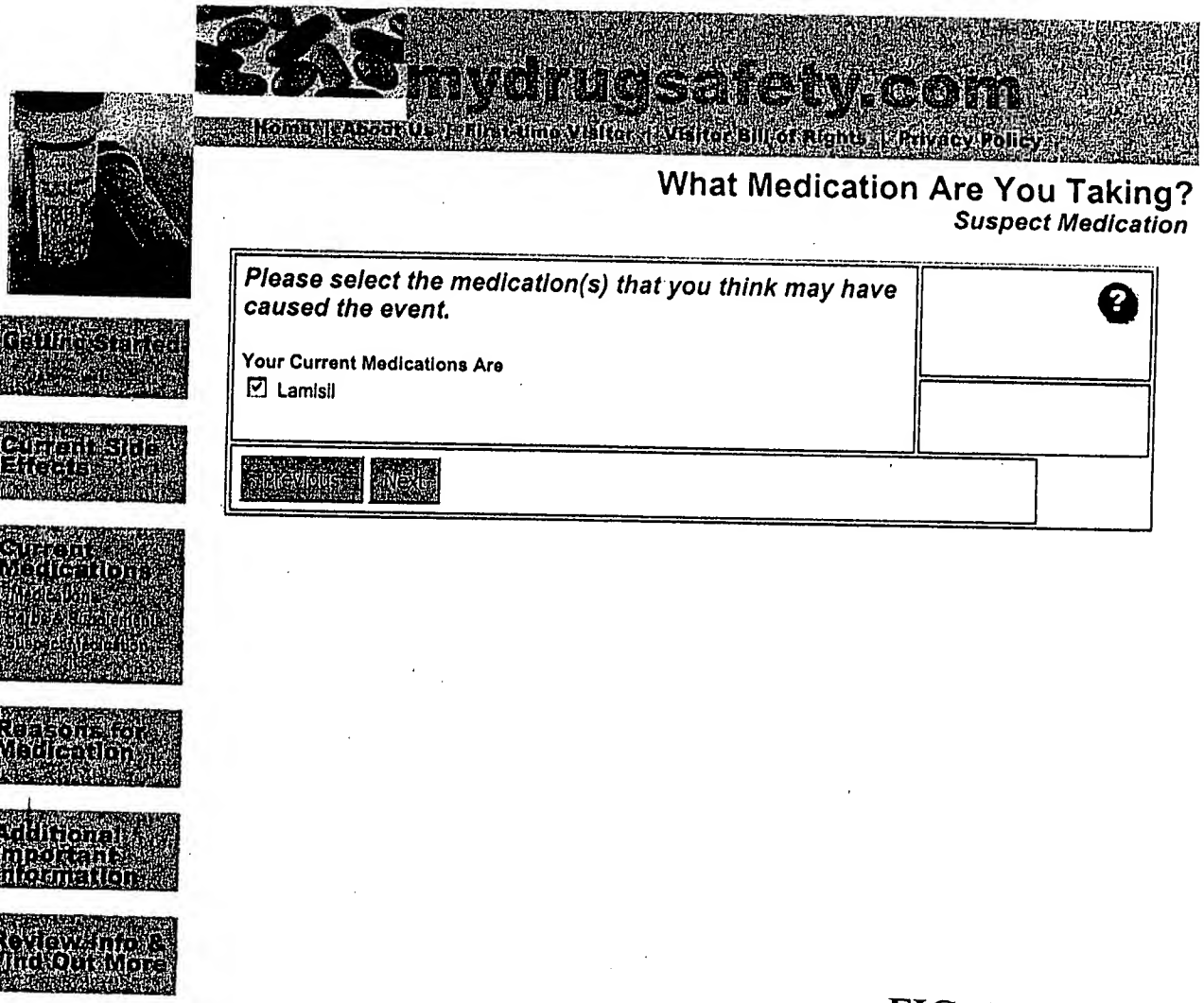

FIG. 12

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What Medication Are You Taking?

Herbs or Nutritional Supplements

1 Getting Started

2 Current Side Effects

3 Current Medications
- Medications
- Herbs & Supplements
- Problem Medication

4 Reasons for Medication

5 Additional Important Information

6 Review Info & Find Out More

Tell us what herbs or other supplements you are taking.

Click letter to choose from list.
A B C D E F G H I J K L M
N O P Q R S T U V W X Y Z

Pick one:
----------select a medication----------

Not on the list?Enter below

What Dose
--------select a dose ----------

Times a day

What Formulation?
--------what formulation-----

Your Current Herbs

----------Your Current Medications----
&medicine1
&medicine1

How long
number of days

Start mm-dd-yy
End mm-dd-yy
Still on it

---optional info-----
Lot # of supplement? if present

What Pharmacy did you you purchase it at?

name
zipcode

Add to Medicine Cabinet

Need To delete a medication from your cureent lis? highlight it and press Delete

When your current medication list is complete press Done

FIG. 13

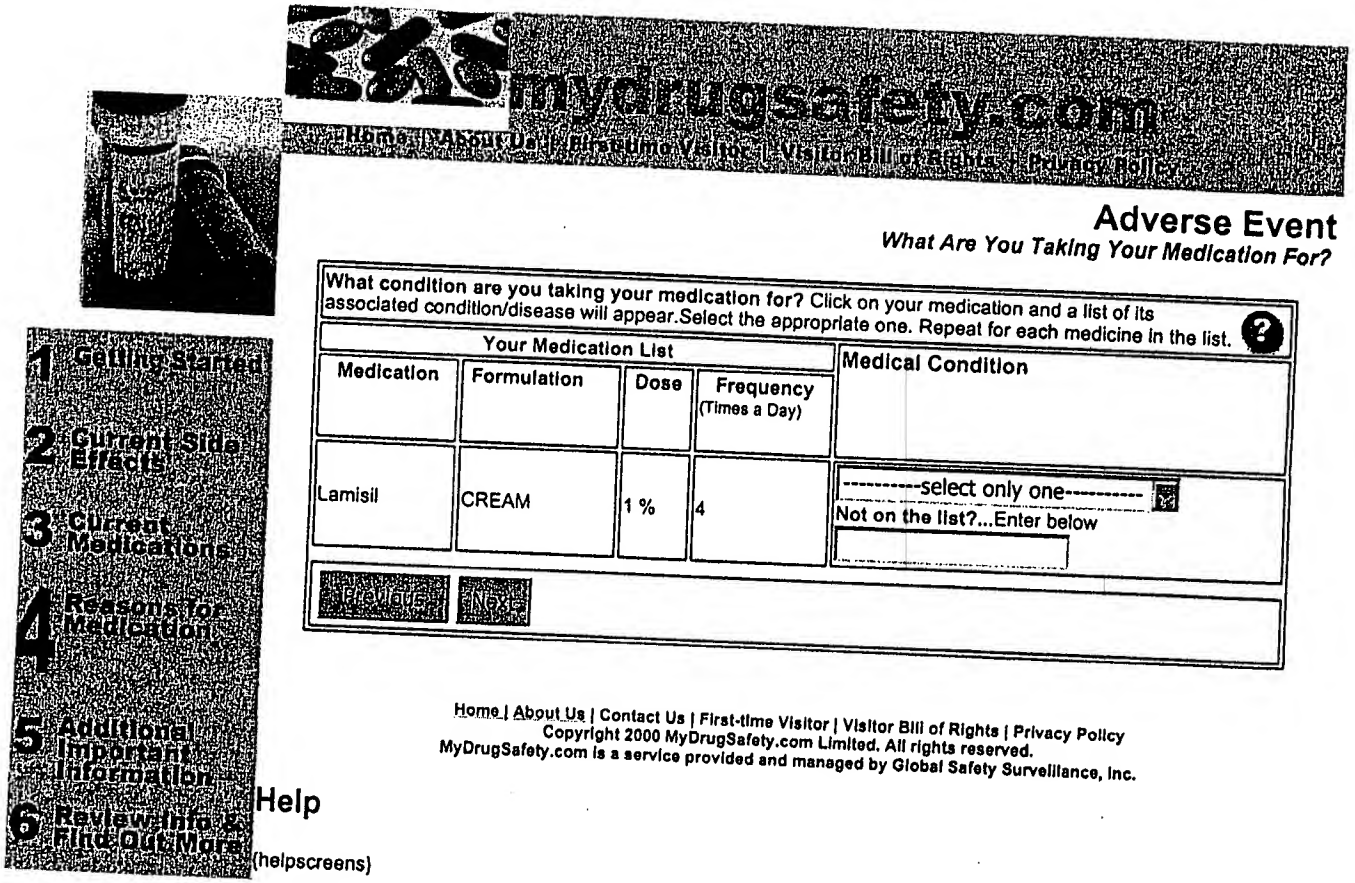

FIG. 14

1 Getting Started

2 Current Side Effects

3 Current Medications

4 Reasons for Medication

5 Additional Important Information
- Patient Information
- Physician Information
- Lab Test Results

6 Review Info & Find Out More

Adverse Event
Lab Results

Tell us what tests were done
Click letter to choose from list. A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Then Select the appropriate test and method for the specimen, enter results. Standard Values for the test will be presented with an indicator for whehter the patient values are within range or out of range.

Test	Specimen	Method	*Min* - Max	Test Value Measurement Time & Date	Status of Test
Albumin	Serum	Colimetry	3.5 - 5.0 g/dl	g/dl time dd mmm year multiple test values at this date?	
Aldolase				g/dl time dd mmm year multiple test values at this date?	
Aldosterone				g/dl time dd mmm year multiple test values at this date?	
Alkaline				g/dl time dd mmm year multiple test values at this date?	
Phosphatase				g/dl time dd mmm year multiple test values at this date?	

Next

FIG. 14A

Help

FIG. 15

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Review Your &Who Record
Summary Report
pat1 patlast

Review and edit your report,

1 Getting Started
2 Current Side Effect
3 Current Medications
4 Reasons for Medication
5 Additional Important Information
6 Review Info & Find Out More

Type over text to edit and only when complete press

A. Patient Information

Patient Name	pat1 patlast
Date of Birth	06-16-70
Age at Event	-30
Gender	○ Male ○ Female
Pregnant?	◉ Yes ○ No ○ Unknown
Weight	110 Lbs
Height	5 feet 6 inches (ex: 5 feet 2 inches)

B. Adverse Event

Results
- ☐ Died On (mm-day-yyyy)
- ☐ Hospitalized Less than 24 Hrs
- ☐ Hospitalized over 24 Hrs
- ☑ Disability
- ☐ Congenital Anomaly
- ☐ Intervention Needed
- ☐ Life Threatening
- ☐ Other

Date of Event (mm-dd-yyyy)

Date of Report 01-23-2001 (mm-dd-yyyy)

Description

Event Abated? ○ Yes ○ No ○ Unknown

Event Reappeared? ○ Yes ○ No ○ Unknown

C. Suspect Medications

Drug Name	Dose	Therapy Dates/Duration	Reason
Lamisil	1 %	From 07-01-2000 to 01-01-2001 Duration:1 Year	Disease 2

D. Concomitant Medication

Drug Name	Dose	Therapy Dates/Duration	Reason

Help

(helpscreens)

FIG. 16

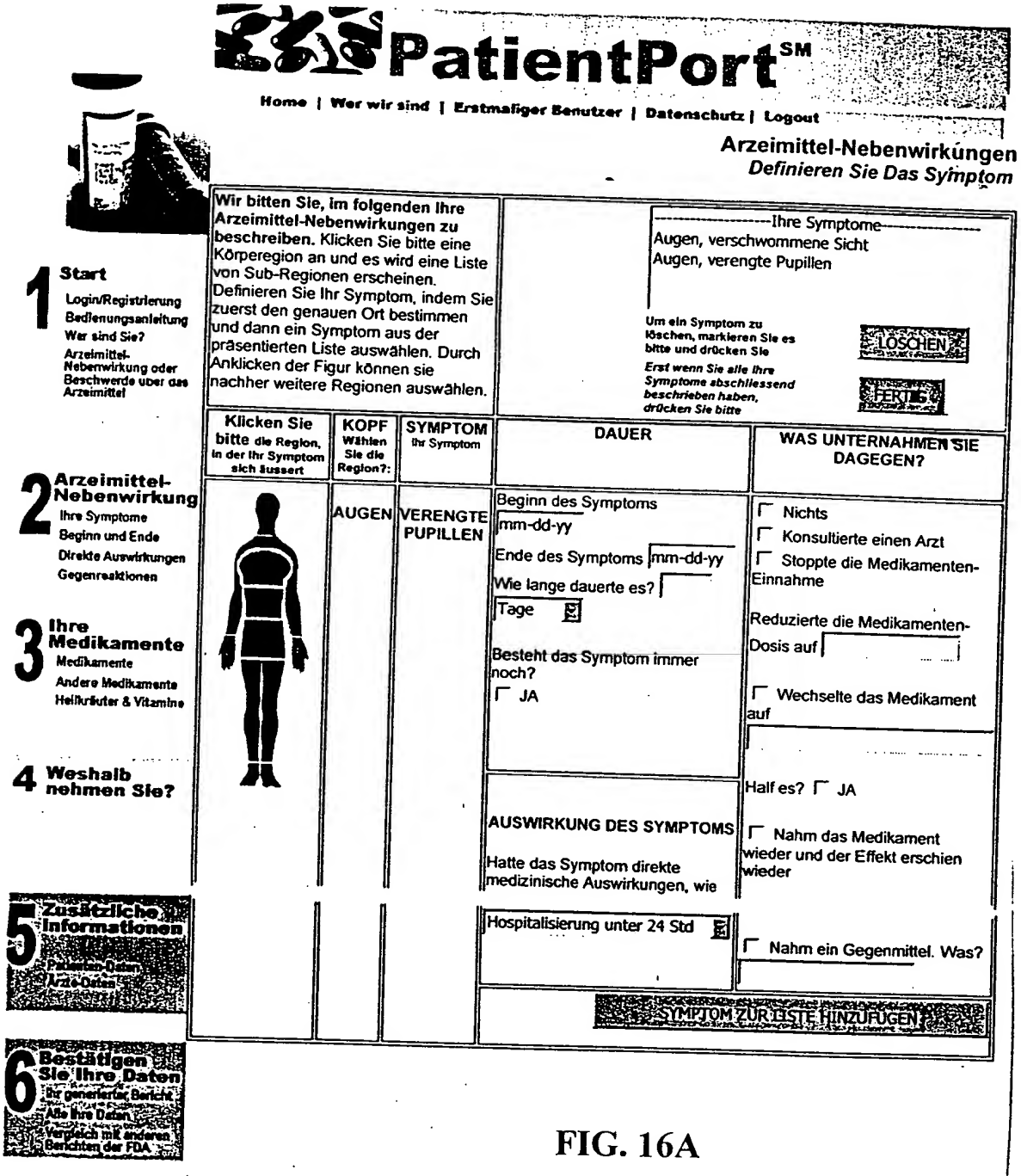

FIG. 16A

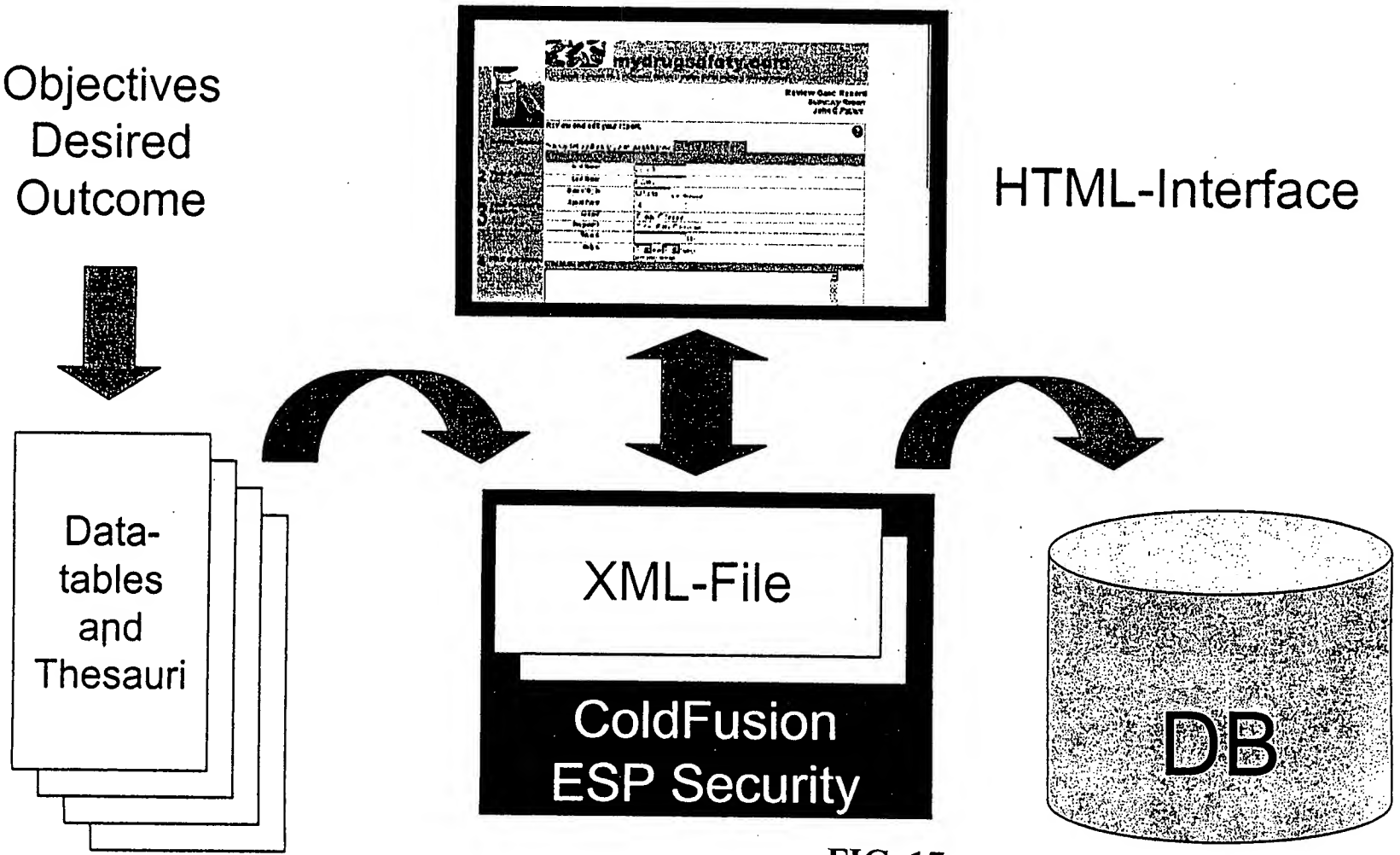

FIG. 17

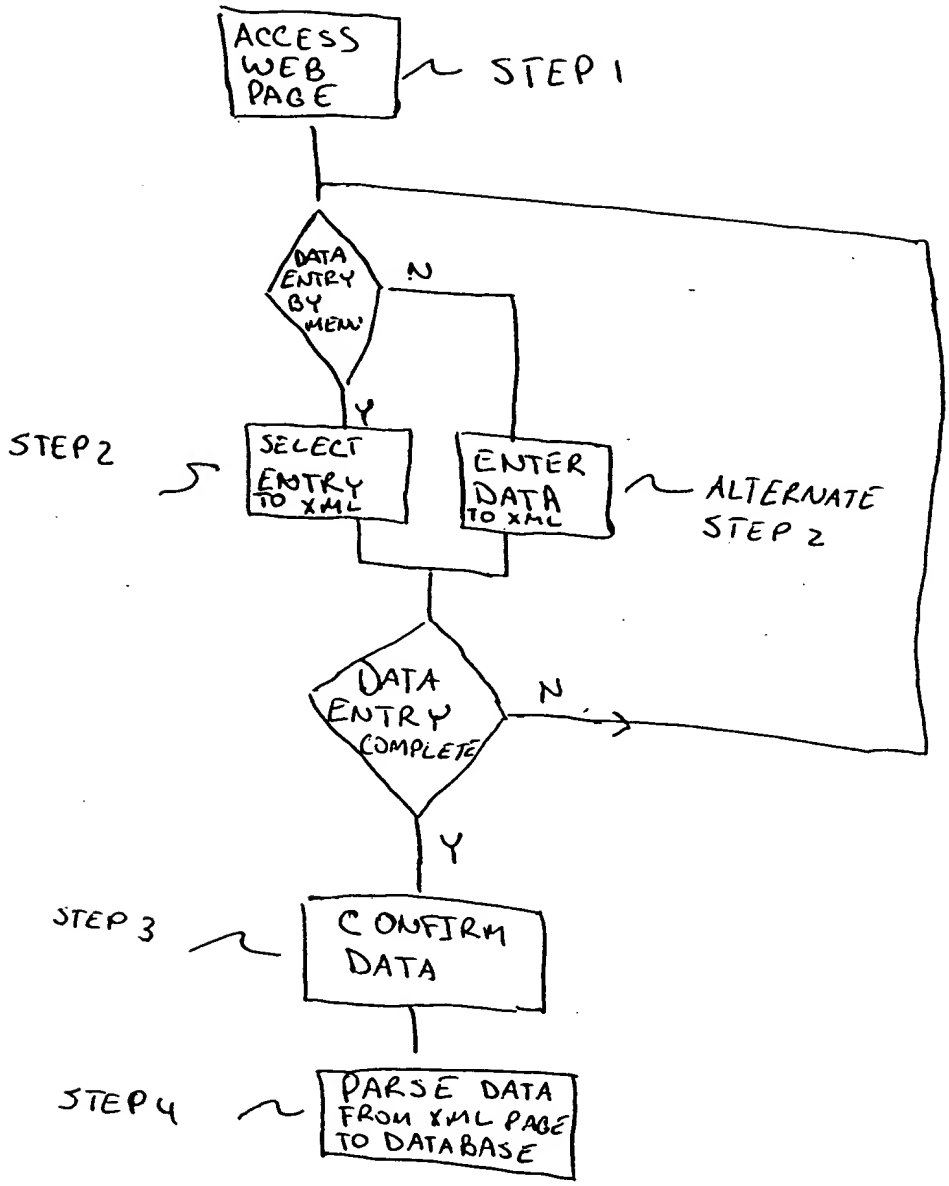

FIG. 18